SIKKIM

GOVERNMENT



GAZETTE

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No.484

GOVERNMENT OF SIKKIM SOCIAL JUSTICE, EMPOWERMENT & WELFARE DEPARTMENT

No.5/SJE&WD

Dated the 27/08/013

NOTIFICATION

Whereas the State Government has deemed it expedient to frame rules for providing payment of grant to the transgender;

Now, therefore, the State Government is hereby pleased to make the following rules regulating the payment of grant to the transgender, namely:-

Short title and Commencement

- (1) These rules may be called the Sikkim payment of grant to the Transgender Rules, 2013.
- (2) They shall come into force at once.
- 2. In these rules, unless the context otherwise requires:
 - a) "Department" means the Social Justice, Empowerment and Welfare Department:
 - b) "Form" means the form appended to these rules;
 - c) "Government" means the Government of the State of Sikkim;
 - d) "local resident" means a person belonging to either Bhutia, Lepcha or Nepali Community possessing Sikkim Subject Certificate or Certificate of Identification:
 - e) "medical committee" means the committee constituted to scrutinize and authenticate the status of the beneficiaries vide notification no: 365/HC, HS and FW dated: 20/05/2013 and is to issue the medical certificate to the beneficiaries:
 - f) "poor and needy" means a person having no regular source of income of his/her own, no financial support from family members, Below Poverty Line Certificate holder and is non-recipient of any other pension from the State Government/Central Government or any other sources;
 - g) "Secretary" means the Secretary of the Social Justice Empowerment and Welfare Department;

 "Transgender" means that person who is examined and authenticated as the transgender by the Committee Constituted vide notification no: 365/ HC, HS and FW dated: 20/05/2013;

Amount of Grant

3. The amount of grant payable to each transgender shall be such as may be notified by the Government from time to time.

Selection Committee

4. There shall be a Selection Committee for the purpose of selection of the beneficiaries on the basis of medical certificate issued by the Medical Committee consisting of the following members, namely:-

(1) Secretary/ Social Justice
Empowerment and Welfare Department

Chairperson;

Empowerment and Welfare Department
(2) Joint Secretary/ Social Justice

Member;

Empowerment and Welfare Department

. . .

(3) Social Welfare Officer/ Social Welfare Division

Member;

Cessation of 5 Grant

- (1) The payment of grant to the transgender shall cease from the date of the death of beneficiary. The amount due up to the corresponding month of death shall be paid to the immediate members of the beneficiary and the passbook shall be surrendered to the Department.
- (2) In case of permanent migration of the beneficiary outside Sikkim, the payment of grant shall cease to be made from the date of her/his migration. In such event the family/ Panchayat of the beneficiary shall surrender the pass book to the Department.

Authority 6 competent to sanction payment of grant.

The Authority Competent to sanction payment of grant shall be Secretary.

Procedure for an Application

7. Application for payment of grant shall be made in the form appended to these rules free of charge, along with (three) passport size photographs, Sikkim Subject Certificate or Certificate of Identification, Below Poverty Line Certificate, date of birth certificate and medical certificate issued by the committee constituted for the purpose.

Medical Certificate

8. The beneficiary shall produce medical certificate issued by the committee as defined under clause (e) of rule 2.

Procedure for payment of grant

- (1) On receipt of any application in the Prescribed form the Selection Committee shall scrutinize the Sikkim Subject Certificate/or Certificate of Identification, Below Poverty Line Certificate and medical certificate etc. and after scrutinization of the complete documents, approval shall be accorded by the Secretary.
- (2) A copy of the order for the payment of grant shall be endorsed to the District Collector, Sub-Division Magistrate, Revenue Officer and Panchayat where the applicant actually resides and the applicant himself/ herself.

MEDICAL CERTIFICATE

	NAME	AND ADDRESS O	F THE INSITIUTE/HOSPITAL
		•••••••••••	
Certificate No			Dated:
		CERTIFICATE FOR	THE TRANSGENDER.
of		Age	on/daughter of Shriresident ,Registration Nois
		(Specify the ty	pe of transgender)
Observation:	i)	This condition is eas constituted for	examined and screened by the medical committee the said purpose.
1.		2.	3.
	our me	mbers of the Medic	eal Committee/ Authorized Signatories with their
official seal) Signature/Thumb im	pressio	on of the patient.	Countersigned by the medical
		·	Superintendent/Chief Medical Officer (with seal)

Recent attested photograph showing the disability may affixed here.

FOR OFFICIAL USE ONLY

Application received along with the following documents

- 1) 3 recent passport size photographs.
- 2) Attested photocopy of Sikkim Certificate/Certificate of Identification.
- Attested photocopy of Below Poverty Line Certificate (Photocopy); birth certificate of any documents in Sl. No 4 above.
- 4) Medical Certificate issued by Medical Committee

Fuli Name
Designation
Date

FORM

(See Rules 7 and 9) GOVERNMENT OF SIKKIM

SOCIAL JUSTICE, EMPOWERMENT AND WELFARE DEPARTMENT APPLICATION FORM FOR PAYMENT OF GRANT TO TRANSGENDER.

1.	Name of Applicant
2.	Father's Name
3.	Date of Birth
4.	Gram Panchayat Unit No. and Name
5.	Name of Ward
6.	Constituency
7.	Sub-Division
8.	District
9.	UID (Adhaar Card no.)
10.	Name of the nearest Bank Or Post Office:
11.	Account no. of Bank or Post Office:
	The informations given above are true to the best of my belief and knowledge. Further, if my time the Department finds that the informations given are/ is incorrect, I agree to ender the passbook issued to me under these rules.
	Signature or thumb impression of the Applicant.
Doc	uments to be enclosed:-
1.	3 recent passport size photographs;
2.	Attested Photocopy of Sikkim Subject Certificate/Certificate of Identification;
3.	Attested photocopy of Below Poverty Line Certificate;
4.	Birth Certificate or Elector's Photo Identity Card or any other valid document having
	recorded the date of birth or age as proof of age.
5.	Medical Certificate issued by the Medical Committee.
	PANCHAYAT RECOMMENDATION
pers	t is certified that the applicant isyears old and is poor and needy son. Hence, his/ her application for payment of grant to the Transgender is hereby mmended.
	Signature
	Full Name
	Seal
	M. L. A'S RECOMMENDATION
App	ication of the applicant is hereby recommended
	Signature
	Seal

Payment of Grant

- 10 (1) The Secretary shall be the competent authority to make payment of grant.
 - (2) The payment of grant shall be disbursed to the office of the Block Development Officer or through direct benefit transfer as the case may be.
 - (3) The details of the beneficiary/ maintenance of accounts etc shall be maintained by the Social Justice, Empowerment and Welfare Department.

Verification

11. If required, concerned officer of the Social Justice, Empowerment and Welfare Department shall make tour to village to verify the continued existence of the beneficiary and other relevant particulars.

Intimation of death of the Beneficiary

12. In the event of death of the beneficiary, the family member/Panchayat shall immediately make report and also surrender the passbook to the Social Justice, Empowerment and Welfare Department.

Penalty

13. The Authority competent to make payment of grant shall have the right to recover payments made on the basis of false or mistaken information, if any, about eligibility and death of beneficiaries.

By order and in the name of the Governor.

G.P. UPADHYAYA, IAS
(Principal Secretary)
Social Justice, Empowerment and Welfare Department